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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Bob McGUIRE
Title	DRILLING FLANGE AND INDEPENDENT SCREWED WELLHEAD WITH METAL-TO-METAL SEAL AND METHOD OF USE
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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NELSON, MULLINS, RILEY & SCARBOROUGH, L.L.P.

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I am the:

☒ Applicant/Inventor.

☐

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Bob McGUIRE	L. Murray DALLAS
Signature	<i>Bob McGUIRE</i>	
Date		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Bob McGUIRE
Title	SYSTEM AND METHOD FOR LOW-PRESSURE WELL COMPLETION
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Bob McGUIRE
Signature	L. Murray DALLAS
Date	March 19/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	DRILLING FLANGE AND INDEPENDENT SCREWED WELLHEAD WITH METAL-TO-METAL SEAL AND METHOD OF USE		
As the below named inventor(s), I/we declare that:			
This declaration is directed to:			
<input checked="" type="checkbox"/> The attached application, or			
<input type="checkbox"/> Application No. _____, filed on _____,			
<input type="checkbox"/> as amended on _____ (if applicable);			
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;			
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;			
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.			
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.			
FULL NAME OF INVENTOR(S)			
Inventor one: <u>Bob McGuire</u>			
Signature: <u>Bob McGuire</u>		Citizen of: <u>United States</u>	
Inventor two: <u>L. Murray Dallas</u>			
Signature: _____		Citizen of: <u>Canada</u>	
Inventor three: _____			
Signature: _____		Citizen of: _____	
Inventor four: _____			
Signature: _____		Citizen of: _____	
<input type="checkbox"/> Additional inventors are being named on _____ additional form(s) attached hereto.			

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	SYSTEM AND METHOD FOR LOW-PRESSURE WELL COMPLETION
---------------------------	--

As the below named inventor(s), I/we declare that:

This declaration is directed to:

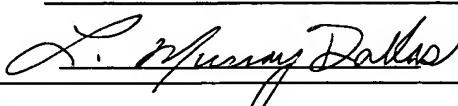
☒ The attached application, or
☐ Application No. _____, filed on _____,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)	
Inventor one: <u>Bob McGUIRE</u>	
Signature: _____	Citizen of: <u>United States</u>
Inventor two: <u>L. Murray DALLAS</u>	
Signature: 	Citizen of: <u>Canada</u>
Inventor three: _____	
Signature: _____	Citizen of: _____
Inventor four: _____	
Signature: _____	Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.